

EXECUTIVE SUMMARY

PURPOSE

To identify non-emergency transportation services and sources of financial assistance to cover transportation expenses for patients going to kidney dialysis in a sample of eight cities.

BACKGROUND

In previous work, we found that many dialysis patients do not meet Medicare coverage guidelines for ambulance transportation. As part of its response to our findings, the Health Care Financing Administration (HCFA) has planned research on alternative forms of transportation for dialysis patients. The information in this report is provided to assist HCFA as it pursues that research and formulates policy in this area.

The HCFA explains in the Medicare Carriers Manual that no payment for ambulance transportation may be made in any case in which some means of transportation other than an ambulance could be utilized without endangering the individual's health, whether or not such other transportation is actually available (section 2120.2.A.). The Manual also states that a person receiving outpatient dialysis is not ordinarily ill enough to require an ambulance (section 2120.3.J.). While Medicare does cover transportation services in limited circumstances, transport in a vehicle other than an ambulance is not covered.

Most persons with kidney failure go to dialysis facilities for treatment rather than dialyzing at home. These patients must travel to the facilities an average of three times per week. A small number of these patients use ambulances to go to and from dialysis at a very high cost.

A recent Office of Inspector General report (*Ambulance Transportation for ESRD Beneficiaries: Medical Necessity* OEI-03-90-02130) found that many ambulance transports to dialysis did not meet Medicare's medical necessity guidelines. The study found many of these patients could have been transported safely by other means. However, it was not clear what types of non-emergency transportation were available or whether non-emergency transportation was physically and financially accessible to patients going to dialysis. The HCFA staff asked us to find out what we could about transportation services for dialysis patients.

We obtained information from transportation coordinators in 18 dialysis facilities in eight cities. These respondents identified 37 non-emergency transportation providers and 16 organizations which provide financial assistance for transportation expenses from whom we gathered further information.

FINDINGS

Transportation appears to be available in most of the sampled cities.

Patients use a number of different types of vehicles to travel to dialysis. These include cars, taxis, wheelchair vans, passenger vans, and buses. According to dialysis facility respondents, approximately one-quarter of their patients come to dialysis in privately owned cars.

Transportation seems generally available in most of the sampled cities. Dialysis facility respondents in five of the sampled cities thought that there was enough transportation available for people going to dialysis. Only an estimated 20-22 of the nearly 2000 patients treated at the facilities in our sample occasionally missed treatments due to lack of affordable transportation. Thirty-four out of 37 transportation providers did not have waiting lists for patients who needed transport to dialysis.

Financial assistance for transportation expenses was also generally available.

Financial assistance for transportation expenses comes from a variety of sources. These include Medicaid in all States, and in some places State kidney programs, the American Kidney Fund, Area Agencies on Aging, the American Red Cross, and the National Kidney Foundation.

However, respondents did identify problems in some locations for some patients.

In one of the eight cities in our sample dialysis facility respondents felt there were not enough transportation services at all for people going to dialysis. In two other cities respondents did not think there were enough transportation services for certain people or in certain areas.

Respondents from all sampled cities also identified other barriers to access. Three problems were frequently mentioned: long waiting times, costs for patients not eligible for financial assistance, and lack of physical assistance to patients using the services.

CONCLUSION

Based on this limited review, we draw several preliminary conclusions about non-emergency transportation for dialysis patients. We offer these to HCFA as it conducts a more substantive effort to examine access to transportation for dialysis patients.

First, it does not appear that lack of access to alternative forms of transportation is a central explanation of our data indicating inappropriate use of emergency transportation. In most of the sampled cities, alternative forms of transportation seem generally available.

Second, successful approaches to developing a network of transportation options seem to exist. More in-depth review of the five cities where respondents reported quite favorably about the availability of transportation might provide good lessons for other localities. How did such networks come to exist? How are the problems which were identified in other cities addressed?

Third, some problems might merit further examination: locations where access problems might exist, special access problems for certain populations, and problems of long waiting times and lack of physical assistance that might apply more generally to all dialysis patients. These are areas that HCFA may wish to pursue further in its research planned on this subject. In addition, non-urban populations (who we did not examine) may also merit further examination, since such areas may pose different challenges or represent unique issues.